

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number

UNKNOWN

Filing Date

CONCURRENTLY

Applicant(s)

JOSEPH B. KEJHA

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	IND					
2		1				
3		1				
4		1				
5		1				
6		2,3				
7		2,3				
8		4,5				
9		4,5				
10	IND					
11	IND					
12	IND					
13		1				
14		1				
15		26,27				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	IND					
25	IND					
26	IND					
27	IND					
28		1				
29		1,4,5				
30		29				
31		29				
32		29				
33		1				
34		10,11,12				
35						
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44						
45						
46						
47						
48						
49						
50						
Total Indep	8					
Total Depend	26					
Total Claims	34					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						

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